Tax office reception stamp													1 0 4	0		
	Not	ificatio	n of open	ning a	nd closir	ng of	a pers	onal	busine	ess				140		
	TRinkling ANT. Cities	Tax pla	ce	•Ad	dress••Plac	ce of re	esidence)	e••Esta	ablishme	ent, etc.		ase select the	applicable	one.)		
Takether of the Office		Address	ss offices, etc.	If you	u have an add	dress or	place of t	ousines:	s other tha	(TEL		wa Year,	ere.) th		
			al number		i i		Í		Furigar	day	• F	Reiwa	i			
			tion						Shop nan							
	Please notify	us of th	ie opening,	closin	g, etc. of y	our pe	ersonal	busine	ess as f	ollows:						
Notification Category	Starting a business (If you have tak address Offices and business establishmer						business yo	ou have t	aken over.)	full nam	е			-		
	Reason for closure (If the business has been take address	en over (tran	isferred), please p	provide the	e address and na	ame of the	e business t	to which	it has been	taken over		erred).)		_		
Type of income • Re	al estate income • Forest in	ncome •	Business (a	gricult	ure) incom	e [In c	ase of b	usine	ss closu	re• A	II • Pa	art ()		
Opening and closing dates, e	c. Date of ne	ew establish	ment or expansion	n of office	s and business	establishn	nents Year	Month				day				
Business establishments, etc. New facilities, relocation,	New facility and new location	(phone)														
In case of abolition	Location before relocation/abolition															
The reason for closure is legal	Founding corporation name						Representation	ve name								
With the establishment of a person If it is	Corporate tax place								Registra	ition of esta	abishme	ent		day		
Submission of notification form		turn" or "Notification of Cancellation of Blue Return"								•Yes/•No						
		on" or "Busin	n" or "Business termination notification" regarding consumption tax							•Yes/•No						
Business Overview Be as specific as possible I will describe it objectively.									l							
Give Category Numb	per o employees Wage determination Tax	amount				So										
of Full- time s	staff			•Yes/•		Of others three										
support Servant Payment Of				•Yes/•		Thoughts CBSB										
Condition total situation						term										
Application for approval Whether to submit	of special provisions for payment of with	nolding tax		• Yes	No Date of sta	rt of salar	y payment l	Heisei Ye	ear Month					day		
s accountant involved		7 [Poerr	nanizatio-	Number Relate	d Departn	nent		A	В		C Number	verification Identi	ty verificat:		
(TEL	· · ·)		duties	gariization	I I	COI	nent ntact		*			Civumber	verilication identi	ÿ Done ÿ Unfir		
, -	, ,	_	Sourc	e paper ance	Confirmation of	f date sta	amp on cor	mmunica	ation confirm		ual Nu	mber Card/Notifi	I ication Card/Dr	iver's Lice		
					ve	ar moi	nth dav				- 、 /	1				

Tax office reception stamp												1 0 4	0		
	Notification	n of opening	g or clo	sing of	a pei	rsonal	l bus	iness	(cop	y)					
		Tax place	•Ac	ddress ⊷ Plad	ce of re	esidence)	••Estal	blishme	nt, etc.		select the	e applicable	one.)		
TBNrettice of TEXA Office		Other than the above () Address • If you have an address or place of business other than your tax place, place, place ()								ease list it h	ere.	,			
	Business offices, etc	÷.				(TEL)									
		Mr.	giantina	0.000.000.000.000.000.000.000.000.000.000.0000			0.000		year month day	•Showa •Heisei •Reiwa	Year	, month, day of birt	h		
	personal number			* Y	our pei	rsonal	nal number will not be printed.								
	Occupation		Fu												
	Please notify	us of the openi	ng, closir	ng, etc. of y	our pe	rsonal b	ousines	ss as fo	ollows:						
	Starting a business (If you have taken address					ness you ha	ve taken o	over.)	full name	' <u></u>			4		
Notification Category	Offices and business establishments (* new establishments, * expansions, * relocations, * closures) * Reason for closure (If the business has been taken over (transferred), please provide the address and name of the business to which it has been taken over (transferred).)														
Type of income • Ro	addressall estate income • Forest in	ncome • Busines	s (agricul	ture) incom	e [In ca	ase of bu	usines	s closur	full nam	-)		
Opening and closing dates, et	Date of ne	w establishment or expar	nsion of offices	and business est	ablishmen	ts Year Mont	th				day				
Business establishments, etc. New facilities, relocation,	c. New facility and new location (phone)														
In case of abolition	Location before relocation/abolition														
The reason for closure is legal With the establishment of a person	Founding corporation name					Representative	e name			1					
If it is	Corporate tax place		_	Registration of establishment asy											
Due to opening and closing of businesses Submission of notification form	"Application for Approval of Blue Reti	Blue Return" or "Notification of Cancellation of Blue Return"							•Yes/•No						
Presence or absence	"Taxable business selection notification	or "Business termination notification" regarding consumption tax							•Yes/#No						
Business Overview Be as specific as possible I will describe it objectively.															
Give	er of employees Wage determination Tax a	mount			So Of										
of servant	stan		•Yes/		others three										
Payment			•Yes/		Thoughts CBSE										
Condition total					term										
Application for approval of Whether to submit	of special provisions for payment of withhold	ding tax	• Yes	No Date of star	of salary	payment Hei	isei Year M	Month					day		
ix accountant involved		Tax	Reorganization	Number Related			А		В	T	C Number	verification Identity	verification		
(TEL)	duties)		COF	ntact							ÿ Done ÿ Unfini		
			Source paper Issuance		year month day			on confirm	irnation document Individual Number Card/Notification Card/Driver others()						